

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
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47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	59						TOTAL DEP.						
TOTAL CLAIMS	65						TOTAL CLAIMS						